

FILED DEC 16 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 429208

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9286

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo.<br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Maplewood 4544  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Parklane Hospital   |  | d. STREET ADDRESS (If rural, give location)<br>3417 Oxford Ave.   |  |
| 3. NAME OF DECEASED<br>(Type or Print) JOSEPH   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Oct. 31 1950   |  |
| 5. SEX Male   |  | 6. COLOR OR RACE White  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower  |  | 8. DATE OF BIRTH July 28, 1871  |  |
| 9. AGE (In years last birthday) 79  |  | 10. IF UNDER 1 YEAR Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Metal Pattern Maker (Retired 4 Yrs.)   |  | 11. BIRTHPLACE (State or foreign country) Sweden  |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  | 13a. FATHER'S NAME Carl Gustav Tapperson  |  |
| 13b. MOTHER'S MAIDEN NAME Maria L. Beckman  |  | 14. NAME OF HUSBAND OR WIFE Late Ingeborg Tapperson   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT'S SIGNATURE OR NAME Arthur Tapperson  |  | 18. ADDRESS 3417 Oxford Ave.  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Broncho Carcinoma Prostate<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION None   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no   |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR 177X  |  | 22. I hereby certify that I attended the deceased from Aug 1950 to 31 Oct, 1950, that I last saw the deceased alive on 31 Oct, 1950 and that death occurred at 1:00P m., from the causes and on the date stated above.  |  |
| 23a. SIGNATURE John R. Busin (Degree or title) md   |  | 23b. ADDRESS 7648 Oakview   |  |
| 23c. DATE SIGNED 11/1/50  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  |
| 24b. DATE Nov. 3, 1950  |  | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.   |  |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.   |  | DATE REC'D BY LOCAL REG. 1 NOV 1 1950   |  |
| REGISTRAR'S SIGNATURE J. B. Pasater   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4226 S. Kingshighway Bl.  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*me*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Richard W. Stovesand*

Licensed Embalmer No. *4007*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.